

DHS L&C Temporary Permission for Increased Patient
Accommodations Request Worksheet

District office: _____ Date: _____

Facility Name: _____

Address: _____

Phone _____ Facility Contact _____

Brief description of Problem: _____

Increased Patient Accommodations requested: _____

Facts to Consider For Increased Patient Accommodation Request:

☐ Reschedule non-emergent surgeries and diagnostic procedures.

☐ Transfer patients to other beds or discharge as appropriate.

☐ Set up clinics for non-emergency cases. (If possible)

☐ Request ambulance diversion from LEMSA.

☐ LEMSA area of operation is impacted i.e. Multiple hospitals on diversion due to hospital overcrowding.

☐ Other

Permission Granted: ☐ No ☐ Yes From: _____ To: _____

L&C Staff Sign _____

Comments / Conditions: _____

Instructions – Permission to increase patient accommodations will be granted only in “justified emergencies” per CCR T 22 § 70809 (a). Permission will be time limited for a period of time to be determined for each request, depending of the facts presented. Initial approvals are given verbally, and then a signed written approval will be faxed to the facility and the L&C disaster preparedness coordinator (916) 440-7369. A copy of the approval should be filed in the facility folder. This worksheet is an optional form, but the L&C district office, when reviewing these requests, should consider the facts identified above, and all other information deemed relevant by the hospital or the Department under the specific circumstances.